

RHODE ISLAND DENTIST WORKFORCE

Problem Statement

The decreasing supply of dentists nationally [1983 dentist graduates = 5,756; 1998 dentist graduates = 4,041]¹ coupled with an aging dentist workforce in Rhode Island [60% < 50 years old; 26% = 51-60 years old; 9% = 61-70 years old; 4% = 71-80 years old; 1% > 81 years old]² appears to suggest an absolute dentist shortage in Rhode Island in the near future. Additionally, an interstate comparison (Table 1) indicates that Rhode Island does not compare favorably with the neighboring states of Connecticut and Massachusetts in terms of dentist supply and attracting new dentist licensees.

Rhode Island needs an increase of 75-150 practicing dentists to attain an average dentist: population requirement range = 1:1,500 to 1:1,700 given the following assumptions:

- Dentist work year (mean)³
 - 33.4 hours/week, 47.6 weeks/year = 1,600 hours/year
 - 55 patient visits/week = 2,640 patient visits/year
- Visits/patient/year = 2.5-3.0
- Population access of DDS/year = 60%
- Average patients/year/DDS = 900-1,000
- Average patient panel/DDS = 1,500-1,700

One or both of the following two options are presented to address the projected dentist shortage issue, including (I) Licensure Procedure Change and (II) Dentist Practice Incentives.

OPTION I – LICENSURE PROCEDURE CHANGE

Findings/Observations

The Connecticut Department of Public Health issues a dentist license by full endorsement provided the applicant holds a current, valid license in good standing in any state or territory of the United States and the state or territory of current licensure maintains licensing standards equal to or higher than Connecticut's requirements.⁴

The Massachusetts Division of Registration issues a dentist license by full credentials provided the applicant has been lawfully in practice for at least five years in any state, and that other state requires a degree of competency equal to that required by Massachusetts.⁵

The Rhode Island Department of Health issues a dentist license by limited endorsement only to those applicants that have passed the Northeast Regional Board (NERB) within five years of application; certain applicants [i.e. all graduates outside NERB states and > five-year graduates within NERB states] are required to pass the *Rhode Island Only Diagnosis, Oral Medicine and Radiology Exercise* administered by the NERB.⁶

The dental schools in Connecticut and Massachusetts, while a source of graduates locating dental practices in Rhode Island, cannot be expected to be the sole "supplier" to

the pool of dentists practicing in Rhode Island; some reliance must be placed upon attracting experienced dentists to Rhode Island from other jurisdictions in the United States.

Lack of licensure by full endorsement/credentials appears to contribute to the sub-optimal number of private practice dentists in Rhode Island relative to Connecticut and Massachusetts.

The Rhode Island examination requirement is restrictive and creates an arbitrary barrier for all graduates outside NERB states and for > five-year graduates within NERB states to relocate to Rhode Island.

While comparable discrete data are not available for the dental hygienist workforce in Rhode Island, anecdotal information from practicing dentists indicates a current and future supply problem. Similarly, limited endorsement provisions pertain to dental hygienists.

Recommendation

- Support a Board of Examiners in Dentistry policy change to provide for dentist (and dental hygienist) licensure by full endorsement/credentials. [Exception: dentists (and dental hygienists) who have been out of practice for previous five years.]
- Additional resource requirement = -0-

OPTION II – DENTIST PRACTICE INCENTIVES

Findings/Observations

Given the projected future absolute shortage of dentists in Rhode Island, it is reasonable to attempt to recruit general practice dentists to locate anywhere in the state, with some specific targeted approaches directed at underserved populations. Pediatric dentists appear to be critically scarce, necessitating priority given to recruitment of that specialty.

Dentist recruiting efforts in several states include various combinations of loan repayment programs, dental student loan/scholarship programs, and practice incentive programs (Table 2). State annual appropriations range to a maximum of \$2,000,000 for loan repayment, dental student loan/scholarship, and practice incentive programs. Dentist/student benefits range to a maximum of \$125,000.

Dental student loans/scholarships offer some advantages to states in terms of “locking in” future providers; however, long lead times between awards and actual practice, as well as the administrative structure required to manage such a program, appear to be significant disadvantages.

The primary advantage of dentist practice incentives is the “immediate pay-off” to the state – dentists are available to provide services to Rhode Islanders upon initiating practice and signing a contract. Additional advantages (dependent upon appropriate

structuring of the program) include maximum administrative efficiency and minimal burden on the state and the participating dentist.

Recommendation

- Support a three-tier system of dentist practice incentives to recruit six dentists per year to practice in Rhode Island; eligibility should be limited to initial Rhode Island licensed general practice dentists and pediatric dentists, with priority given to board eligible/certified pediatric dentists. Given an objective of maximum administrative efficiency and minimal burden, agreements would be contractual in nature, paid at end of a completed full year, and require appropriate documentation of private practice operation and Medicaid billing volume.
 - \$15,000/yr incentive for initial Rhode Island licensed dentists (2) to establish a private practice anywhere in the state. Maximum commitment of three years (\$45,000) per dentist.
 - \$25,000/yr incentive for initial Rhode Island licensed dentists (2) to establish a private practice anywhere in the state + participate as a significant Medicaid provider (defined as >\$25,000 Medicaid billings/yr). Maximum commitment of three years (\$75,000) per dentist.
 - \$35,000/year loan repayment earmarked for initial Rhode Island licensed dentists (2) to practice at safety-net sites in designated dental health professional shortage areas. Maximum commitment of three years (\$105,000) per dentist. [Note: This is a modification of the existing state loan repayment program and may require a statutory change; currently dentists compete with other health professionals.]
- Additional resource requirement
 - YR 01 = \$150,000
 - YR 02 = \$300,000
 - YR 03 + = \$450,000

¹ American Dental Association, Council on Dental Education, 1998

² Rhode Island Department of Health, License 2000 Data Base

³ American Dental Association, Survey of Dental Practice, 1998

⁴ Connecticut Department of Public Health

⁵ Massachusetts Division of Registration

⁶ Rhode Island Department of Health

Table 1. Interstate Dentist Workforce Comparisons, March 2001

	<u>CT</u>	<u>MA</u>	<u>RI</u>
Population (000s) ¹	3,282	6,175	991
Professionally Active DDS ²	2,400	4,393	547
Prof Act DDS:Pop	1:1,368	1:1,406	1:1,812
Prof Act DDS:100,000 Pop	73	71	55
Private Practice DDS ³	2,237	4,064	512
Priv Pract DDS:Pop	1:1,467	1:1,519	1:1,936
Priv Pract DDS:100,000 Pop	68	66	52
Population < 18 y.o. (000s) ⁴	794.2	1,463.5	238.8
Board Certified Pediatric DDS ⁵	25	27	3
Ped DDS:Pop<18	1:31,770	1:54,204	1:79,600
Ped DDS:100,000 Pop<18	3.1	1.8	1.3
Initial DDS Licenses, FY 2000	147 ⁶	250 ⁷	17 ⁸
DDS Licenses by Full Endorsement /Credentials, FY 2000	X ⁶	24 ⁷	-0- ⁸
DDS Licenses by Ltd Endorsement /Credentials, FY 2000	-0- ⁶	-0- ⁷	17 ⁸
DDS Licenses by State-Only Examination, FY 2000	-0- ⁶	-0- ⁷	-0- ⁸

¹ U.S. Bureau of Census

² American Dental Association

³ American Dental Association

⁴ U.S. Bureau of Census

⁵ American Board of Pediatric Dentistry

⁶ Connecticut Department of Public Health

⁷ Massachusetts Division of Registration

⁸ Rhode Island Department of Health

Table 2. State Dentist Recruiting/Retention Programs

State	Program	Annual Appropriation	Dentist/Student Benefit	Restrictions	State Experience
Colorado	Scholarship Program (through the NHSC)			<ul style="list-style-type: none"> 	Program is in first year year and has no active participants.
Maine	1. Maine Dental Education Loan Repayment	Year 1: \$ 60,000 Year 2: \$120,000 Year 3: \$180,000 Year 4: \$240,000 This is state money; federal funds are not used.	\$20,000/year to licensed general dentist, up to a maximum of \$80,000	<ul style="list-style-type: none"> Must practice in under-served areas in Maine Must provide service without regard to the patients' ability to pay. 	Program in its first year and has no active participants.
	2. Maine Dental Education Loan Program	The funds for the Dental Educ Loan Repayment program are shared with the Loan Program.	\$20,000/year of forgivable loans, up to a maximum of \$80,000	<ul style="list-style-type: none"> Available only to Maine residents Must practice in Maine shortage areas Must provide services regardless of the patients' ability to pay 	This program is in its first year and has no active participants.

	3. NHSC/State Loan Repayment Program	Matching grant	\$20,000/year with a two-year commitment	<ul style="list-style-type: none"> • Must be a U.S. citizen • Minimum two-year service obligation in ME HPSA • Must provide direct patient care on a full-time basis • Must provide service regardless of patient's ability to pay • Must accept Medicaid & Medicare reimbursement 	
	4. Maine Health Professions Loan Program	\$800,000	12.5, 25, or 50% of loans may be forgiven depending on where they do service in Maine.	<ul style="list-style-type: none"> • Must practice in under-served areas • Must be a Maine resident • Must show financial need 	MHPL has funded 42 dentists with 24 loans forgiven (57%).
Maryland	Loan Repayment	Year 1: \$200,500 Year 2: \$371,100 Year 3: \$538,000 Year 4: \$540,100 Year 5: \$542,200 This is state money; federal funds are not used.	<ul style="list-style-type: none"> • Each dentist qualifies for \$33,000/year for up to 3 years • Plan to fund 5 dentists/year (15 after 3 years) 	<ul style="list-style-type: none"> • Dentists are required to have 30% of their total patient load be Medicaid. • Must practice in Maryland. • Not required to practice in a HPSA. 	Legislation for this was passed in May 2000; funding of the first group of dentists pending.
Missouri	Primary Care in Missouri Program	\$1.0 million state funding has been requested.	\$50,000 total per dentist over 5 years	<ul style="list-style-type: none"> • Dentists must practice in Missouri. • Must practice in high need areas (inner cities and rural areas). 	This program has been rejected by the state legislature twice, but passage this time looks much stronger. It will be a benefit added to the already existing program, which funds health care professionals.
Nebraska	1. Loan Repayment	\$575,000 for both programs (all state funded)	\$20,000/year for 3 years	<ul style="list-style-type: none"> • Must make a 3-year practice commitment • Must practice in a community practice site located in a state designated shortage area. 	This program started in 1994, and it began including dentists in 1998. Since 1998 it has funded 4 dentists.

	2. Student Loan Program		Maximum annual amount of \$20,000 in forgiven loans	<ul style="list-style-type: none"> • Must practice 1 year in a state designated shortage area for each year a loan is awarded • Must specialize in general practice, pediatric dentistry, or oral surgery. 	This program started in 1979, and it began including dentists in 2000. Since 2000 it has funded 4 dentists.
North Dakota	1. Professional Student Exchange Program	\$6,600,000 for the entire student grant program: Professional Student Exchange is a category in this line item	<ul style="list-style-type: none"> • Each student receives \$20,000/year through tuition assistance • 2 slots for dentists each year 	<ul style="list-style-type: none"> • School has to be an approved dental school; 12 approved schools • No requirement to return to state to practice; the legislature is considering changing this 	This program has been operational for years but is not well communicated to students. More slots would be available if more dental students wanted to participate.
	2. Loan Repayment	\$250,000/year once operational	\$20,000/year for 4 years	<ul style="list-style-type: none"> • Must come back to practice in rural or under-served areas 	New legislation.
Pennsylvania	1. State Loan Repayment Program	\$327,600	Year 1: up to \$ 9,600 Year 2: up to \$ 12,800 Year 3: up to \$ 19,200 Year 4: up to \$ 22,400	<ul style="list-style-type: none"> • Must practice full-time in a designated HPSA for a minimum period of 3 years. • Must provide service regardless of a person's ability to pay • Must provide service to Medicare & Medicaid patients 	This has been a relatively successful program for primary care. The program is now giving priority to dentists; 8 dentists are currently in the program. The State and the NHSC programs have funded 26 dentists so far.
	2. NHSC/State Loan Repayment Program	\$312,000 in matching funds	Year 1: up to \$ 9,600 Year 2: up to \$ 12,800 Year 3: up to \$ 19,200 Year 4: up to \$ 22,400	<ul style="list-style-type: none"> • Must practice full-time in a designated HPSA for a minimum period of 3 years. • Must provide service regardless of patient's ability to pay • Must provide service to Medicare & Medicaid patients 	6 dentists are currently in the program.

Rhode Island	1. NHSC/ Professional Loan Repayment Program	Typically, around \$200,000-220,000 (including federal match).	Up to \$35,000/year; one-year contract renewals available for retention of existing providers	<ul style="list-style-type: none"> • Must be a U.S. citizen • Minimum two-year service obligation in RI HPSA • Must provide direct patient care on a full-time basis • Must provide service regardless of patient's ability to pay • Must accept Medicaid & Medicare reimbursement 	This program was established in 1994. Dentists compete with all other eligible health professionals. Dentists are identified as site's first priority on a regular basis; generally approved if budget allows. 9 dentists and 2 dental hygienists have participated in the program since its inception.
Washington	1. Washington Loan Repayment Program	\$2 million annually to be shared with the scholarship program	\$25,000 per year up to 3 years; 2 year extension possible	<ul style="list-style-type: none"> ▪ Must make a 3-year commitment ▪ Must practice in rural or underserved areas 	This program has been successful, having recruited 31 dentists and dental hygienists since its inception in the early 1990s.
	2. Washington Scholarship Program	\$2 million annually to be shared with the loan repayment program	<ul style="list-style-type: none"> - 100% of cost if education costs up to \$5,000 - 50% if education costs \$5,000-\$15,000 - 33% if education costs over \$15,000 - maximum of \$25,000 	<ul style="list-style-type: none"> ▪ Must make a 3-year commitment ▪ Must practice in rural or underserved areas 	Although this program has recruited dentists, the loan repayment program has been more successful.
	3. NHSC/State Loan Repayment Program			<ul style="list-style-type: none"> • Must be a U.S. citizen • Minimum two-year service obligation in WA HPSA • Must provide direct patient care on a full-time basis • Must provide service regardless of patient's ability to pay • Must accept Medicaid & Medicare reimbursement 	

